

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE

STEP 1 – COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:

Job Title or Type of License, Certification or Permit: Enter only **one** of the license or certification types listed below. If you are applying for more than one license or certification or any combination thereof, please submit a photocopy of your live scan request form with each additional application.

Funeral Establishment
Funeral Director
Embalmer
Apprentice Embalmer
Cemetery Broker
Cemetery Salesperson

Certificate of Authority
Cemetery Manager
Crematory
Crematory Manager
Cremated Remains Disposer

Name of Applicant: Enter your Last Name, First Name, and Middle Name. Do not use initials or name abbreviations.
Alias: Enter all other names you have used, including your maiden name.
Driver's License No. Enter your Driver's License Number, including the State.
DOB: Enter your date of birth (month/day/year).
Sex: Enter your gender (male or female).
HT: Enter your height in feet and inches.
WT: Enter your weight in pounds.
Eye Color: Enter the color of your eyes.
Hair Color: Enter the color of your hair.
Place of Birth: Enter your place of birth (City and State, or Country).
SOC: Enter your Social Security Number.
Home Address: Enter your residence address.

STEP 2 – VISIT YOUR NEAREST LIVE SCAN SITE

Take three copies of the completed Live Scan Request Form to your nearest Live Scan site. You can get a listing of Live Scan Sites at: (<http://ag.ca.gov/fingerprints/publications/contact.pdf>). Check the listing for hours of operation, appointment requirements, and acceptable forms of payment.

STEP 3 – PAY ALL REQUIRED FEES

Pay the Live Scan operator:	\$32.00 DOJ Fingerprint Processing Fee
	\$24.00 FBI Fingerprint Processing Fee
TOTAL:	\$56.00 Processing Fee

In addition, you must pay a Live Scan service processing fee. Service fees vary by location and the Bureau does not set the price.

STEP 4 – SUBMIT PAPERWORK TO THE CEMETERY AND FUNERAL BUREAU

Submit the following to the Cemetery and Funeral Bureau, P.O. Box 989003, West Sacramento, CA 95798-9003:

- 1) A completed application for licensure or certification, the application fee, and any other required documents.
- 2) The second copy of the Request for Live Scan Service Form (BCII8016) received from the Live Scan site, signed by the Live Scan Operator, including the ATI number.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0557 Type of Application: License or Certification
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Cemetery and Funeral Bureau

06538

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1625 North Market Blvd., Suite S-208

Licensing Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95834

(916) 574-7870

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. **BIL-**

Applicant Must Pay

Agency Billing Number (if applicable)

Height:

Weight:

Misc. No:

N/A

Eye Color:

Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number:

OCA No. (Agency Identifying No.)

Level of Service

☒

DOJ

☒

FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A

N/A

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City

State

Zip Code

()

N/A

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date:

Transmitting Agency

ATI No.

Amount Collected/Billed

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